

1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/25/2022

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
IND.	DEP.	IND.	DEP.	IND.	DEP.		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
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30							80					
31							81					
32							82					
33							83					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	13		7				TOTAL IND.					
TOTAL DEP.	148		105				TOTAL DEP.					
TOTAL CLAIMS	161		112				TOTAL CLAIMS					

2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/257, 272

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
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145						
146						
147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/257,272	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							251						
202							252						
203							253						
204							254						
205							255						
206							256						
207							257						
208							258						
209							259						
210							260						
211							261						
212							262						
213							263						
214							264						
215							265						
216							266						
217							267						
218							268						
219							269						
220							270						
221							271						
222							272						
223							273						
224							274						
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228							278						
229							279						
230							280						
231							281						
232							282						
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234							284						
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236							286						
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240							290						
241							291						
242							292						
243							293						
244							294						
245							295						
246							296						
247							297						
248							298						
249							299						
250							300						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

41

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/257,272

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
301						
302						
303						
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349						
350						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
351						
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397						
398						
399						
400						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						